

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030349

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7777

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Missouri

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Madison

c. CITY
OR
TOWN Roxana

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR

INSTITUTION Cardinal Glennon Hospital

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
134 E. 2nd St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Steven Edward Nowaski

4. DATE
OF
DEATH

Month

Day

Year

7 28 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7/15/63

9. AGE (last birthday)

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

13

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)
Illinois

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Larry E. Nowaski

13b. MOTHER'S MAIDEN NAME

(Roberts) Marjorie A.

14. NAME OF HUSBAND OR WIFE

Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates)

No. Nil.

17. INFORMANT

Address

Larry E. Nowaski, 134 E. 2nd, St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Renal Failure

INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Prematurity

DUE TO (c)

7562

11 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Jejunal Atresia, Postoperative Repair

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-17-63 to 7/28/63 and last saw him alive on 7/28/63
Death occurred at 5:15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Therese Lewis Jr MD.

22b. ADDRESS

634 N. GRAND ST. Louis 3

22c. DATE SIGNED

7/28

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

7-30-63

Roselawn Memory Garden Cem.

Bethalto, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Marks Mortuary, Woodriver, Illinois.

25. DATE RECD. BY LOCAL REG.

JUL 30 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Stanley H. Dixon

Licensed Embalmer No.

4193

P. O. Address

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.